

No. C 195053		Due no later than Jun 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TETON FOOT & ANKLE CENTER, P.C. MICHAEL K JAMES 3345 S HOLMES AVE IDAHO FALLS ID 83404		MICHAEL K JAMES DPM 3345 S HOLMES AVE IDAHO FALLS ID 83404-7981			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MICHAEL K JAMES	3345 S HOLMES	IDAHO FALLS	ID	USA	83404-7981	
5. Organized Under the Laws of: ID C 195053		6. Annual Report must be signed.* Signature: Maureen James Name (type or print): Maureen James Date: 07/31/2014 Title: Member					
Processed 07/31/2014 * Electronically provided signatures are accepted as original signatures.							